

CLAIMS ONLY							Application Number <b>10501959</b>		Filing Date
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep Depend
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Total Indep	1		1						
Total Depend	15		15						
Total Claims	16		16						
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Filing Date

Applicant(s)

\* May be used for additional claims or amendments

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1		1			
Total Depend	15		15			
Total Claims	16		16			

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Claims						